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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D





DATE RECEIVED

Serial

Prefix

UNIFORM	LIMITED OFFERING EXEMPT	ION I
Name of Offering (☐ check if this is an amendment and Series C Preferred Stock	name has changed, and indicate change.)	MOMMONT BURNANIA
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	☐ Rule 505	Section 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	100× 0 941
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment an ProfitPoint , Inc.	d name has changed, and indicate change.)	DBOCF22ED
Address of Executive Offices 113 Seaboard Lane, Suite B-170, Franklin, TN 37067	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (615) 661-0781
Address of Principal Business Operations Same	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code) Same
Brief Description of Business Provides gift and loyalty programs through "smart ca	ird" technology to merchants throughout the	United States PROCESSEE
	nited partnership, already formed	other (please specify: APR 0 4 2007
Actual or Estimated Date of Incorporation or Organization	Month	Actual THOMSON
	vo-letter U.S. Postal Service abbreviation for Standar, FN for other foreign jurisdiction)	ate:

GENERAL INSTRUCTIONS

Federal:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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ATTENTION'

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filling of a federal notice.

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| Enter the information requested for the formation req | suer has been organized wi<br>wer to vote or dispose, or di | rect the vote or disposition o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                    |
| <ul> <li>Each executive officer and director of</li> <li>Each general and managing partner</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             | orporate general and manag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing partners of pa | rtnership issuers; and             |
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| Full Name (Last name first, if individual) Battista, James                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ) d'                                                        | ice)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                    |
| Business or Residence Address (Number an<br>113 Seaboard Lane, Suite B-170, Franklin, Ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | ie)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                    |
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| Full Name (Last name first, if individual) Landers, Vaden C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ;                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                    |
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| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C.                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                    |
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| (Use blank sheet, or copy and use additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | copies of this sheet, as nec                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                    |
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|                                                                                                          |                                         |                                                |                                 | B.                                            | INFORMA                      | TION ABO                                   | OUT OFFE                                                                                                                                                                                                                        | RING                                                                                                                                                                                                                             |                               |                                                                     | ,            |              |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|---------------------------------|-----------------------------------------------|------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|--------------|--------------|
|                                                                                                          |                                         |                                                |                                 |                                               | 1 .                          |                                            | < ./                                                                                                                                                                                                                            | e signi s                                                                                                                                                                                                                        |                               |                                                                     |              |              |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |                                         |                                                |                                 |                                               |                              | Ye<br>F                                    | es No<br>⊒ ⊠                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
| 1, 1103 01                                                                                               | Ç 133UÇ1 8                              | ola, or acce                                   | ale laduci                      |                                               |                              |                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               | ****************                                                    |              | _ 6          |
|                                                                                                          |                                         |                                                |                                 |                                               |                              |                                            |                                                                                                                                                                                                                                 | ùnder ULOE                                                                                                                                                                                                                       |                               |                                                                     |              |              |
| 2. What i                                                                                                | s the minir                             | mum investi                                    | ment that wi                    | il be accept                                  | ed from any                  | individual                                 |                                                                                                                                                                                                                                 | *****                                                                                                                                                                                                                            |                               | ••••••                                                              | \$           | 2,000,000    |
|                                                                                                          |                                         |                                                |                                 |                                               |                              | ه<br>د حفد دی                              | ر.<br>المناسق بست                                                                                                                                                                                                               | ار المحكمة المارية الم<br>المارية المحكمة المارية الماري |                               |                                                                     |              | res No       |
| 3. Does ti                                                                                               | he offering                             | g permit join                                  | t ownership                     | of a single                                   | unit?                        |                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               | *******                                                             |              |              |
| simila<br>is an a<br>broker                                                                              | r remuners<br>ssociated p<br>or dealer. | ation for sol<br>person or ag<br>. If more tha | icitation of p<br>ent of a brol | ourchasers in<br>ker or deale<br>ersons to be | n connection<br>r registered | n with sales<br>with the SE<br>ssociated p | of securities<br>C and/or wi                                                                                                                                                                                                    | in the offer<br>thastate or<br>thabroker o                                                                                                                                                                                       | ing. If a p<br>states, list t | ny commission<br>erson to be li<br>the name of the<br>ou may set fo | sted<br>he   |              |
|                                                                                                          |                                         |                                                |                                 |                                               |                              | •                                          |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
|                                                                                                          | -                                       | ne first, if ir                                | ndividual)                      |                                               |                              |                                            | The second                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
| Not Appl                                                                                                 |                                         | 4 //                                           | <u> </u>                        | ما وسيند ون                                   | er Chara 71                  |                                            | <u> </u>                                                                                                                                                                                                                        | 3**** (1.                                                                                                                                                                                                                        |                               |                                                                     |              | ··           |
| Business (                                                                                               | or Kesiden                              | ec Address                                     | (Number and                     | u Sureel, Cli                                 | ıy, State, Zij               | p Code)                                    | • • • • • •                                                                                                                                                                                                                     | A 1                                                                                                                                                                                                                              |                               |                                                                     |              |              |
| Name of                                                                                                  | Associated                              | Broker or I                                    | Dealer                          |                                               |                              |                                            | 5 6 DF                                                                                                                                                                                                                          | A POST A                                                                                                                                                                                                                         |                               |                                                                     | <del></del>  |              |
|                                                                                                          |                                         |                                                |                                 | _                                             |                              | <b>}</b> :                                 | 人名阿姆罗                                                                                                                                                                                                                           | 网络 经交通帐                                                                                                                                                                                                                          |                               |                                                                     |              |              |
| States in \                                                                                              | Which Per                               | son Listed H                                   | las Solicited                   | or Intends                                    | to Solicit Pu                | ırchasers                                  |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
| (Chec                                                                                                    | k "All Stat                             | tes" or checi                                  | k individual                    | States)                                       |                              |                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               |                                                                     | [            | All States   |
| [AL]                                                                                                     | [AK]                                    | [AZ]                                           | [AR]                            | [CA]                                          | [CO]                         | ιcπ                                        | [DE]                                                                                                                                                                                                                            | [DC]                                                                                                                                                                                                                             | [FL]                          | [GA]                                                                | [H1]         | [ID]         |
| (IL)                                                                                                     | [IN]                                    | [IA]                                           | [KS]                            | [KY]                                          | [LA]                         | '[ME]                                      | . [MD]                                                                                                                                                                                                                          | [MA]                                                                                                                                                                                                                             | [MÍ]                          | [MN]                                                                | [MŚ]         | [MO]         |
| [MT]                                                                                                     | [NE]                                    | [NV]                                           | [NH]                            | [ИЛ]                                          | [MM]                         | ·[NY] ···                                  | [NC]                                                                                                                                                                                                                            | [ND]                                                                                                                                                                                                                             | [OH]                          | [OK]                                                                | [OR]         | [PA]         |
| [RI]                                                                                                     | [SC]                                    | [SD]                                           | [TN]                            | [TX]                                          | [UT]                         | [VI] :                                     | [VA]                                                                                                                                                                                                                            | [WA]                                                                                                                                                                                                                             | [WV]                          | [WI]                                                                | [WY]         | [PR]         |
| ruii Name                                                                                                | e (Last nar                             | ne first, if ir                                | igividuai)                      |                                               |                              |                                            | र रिक्रीप्रांत रेड्री                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
|                                                                                                          |                                         |                                                |                                 |                                               |                              |                                            | and the second                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
| Business                                                                                                 | or Residen                              | ce Address                                     | (Number an                      | d Street, Ci                                  | ty, State, Zij               | p Code)                                    |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               | _                                                                   |              |              |
|                                                                                                          |                                         |                                                |                                 |                                               |                              | es<br>gr. M<br>Heresan                     |                                                                                                                                                                                                                                 | 4 + 2 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +                                                                                                                                                                                          |                               |                                                                     |              |              |
| Name of                                                                                                  | Associated                              | Broker or I                                    | Dealer                          |                                               |                              | <br>1255                                   |                                                                                                                                                                                                                                 | 1-14 14 14 14 14 14 14 14 14 14 14 14 14 1                                                                                                                                                                                       | :                             |                                                                     |              |              |
| Hanc of A                                                                                                | LSSOCIALLO                              | DIOKEI OI I                                    | Journa                          |                                               |                              | •                                          |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
|                                                                                                          | <del> </del>                            |                                                |                                 |                                               |                              | ,                                          | . Let 6 500                                                                                                                                                                                                                     | K.Van.iningan is                                                                                                                                                                                                                 |                               |                                                                     |              |              |
| States in V                                                                                              | Which Per                               | son Listed F                                   | las Solicited                   | or Intenus                                    | to Solicit Pu                |                                            | 3.43 A                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
| (Chec                                                                                                    | k "All Stat                             | tes" or chec                                   | k individual                    | States)                                       |                              |                                            |                                                                                                                                                                                                                                 | — 1141.<br>                                                                                                                                                                                                                      |                               | •••••••                                                             |              | All States   |
| [AL]                                                                                                     | [AK]                                    | [AZ]                                           | [AR]                            | [CA]                                          | [CO]                         | [CT]                                       | ſĎĔĴ                                                                                                                                                                                                                            | [DC]                                                                                                                                                                                                                             | [FL]                          | [GA]                                                                | (HI)         | (ID)         |
| (IL)                                                                                                     | (IN)                                    | [IA]                                           | [KS]                            | [KY]                                          | [LA]                         | ž. 455                                     | ~ [MD]                                                                                                                                                                                                                          | 20.0                                                                                                                                                                                                                             | [MI]                          | [MN]                                                                | [MS]         | [MO]         |
| [MT]                                                                                                     | [NE]                                    | (NV)                                           | [NH]                            | [NJ]                                          | [NM]                         |                                            | [NC]                                                                                                                                                                                                                            | [ND]                                                                                                                                                                                                                             | [OH]                          | [OK]                                                                | [OR]         | [PA]         |
| [RI]                                                                                                     | [SC]                                    | [SD]                                           | [TN]                            | [TX]                                          | [UT]                         | [VT]                                       | [VA]                                                                                                                                                                                                                            | [WA]                                                                                                                                                                                                                             | [WV]                          | [WI]                                                                | [WY]         | [PR]         |
| ruit 148tin                                                                                              | c (Lasi iiai                            | ne first, if it                                | IOIVIOUAL)                      |                                               |                              | *                                          | رون و المحروب و المح<br>المحروب و المحروب و | او دوزوارد دا.<br>در الجمل معاد مس                                                                                                                                                                                               |                               |                                                                     |              |              |
| Business                                                                                                 | or Residen                              | ce Address                                     | (Number an                      | d Street, Ci                                  | ty, State, Zi                | p Code) ··                                 | - 794 e 😘                                                                                                                                                                                                                       | يون ، ساء<br>ر                                                                                                                                                                                                                   |                               | -                                                                   |              |              |
| Name of                                                                                                  | Associated                              | Broker or l                                    | Dealer                          |                                               |                              | is                                         |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               |                                                                     |              |              |
| States in                                                                                                | Which Per                               | son Listed I                                   | las Solicited                   | or Intends                                    | to Solicit Pu                | rchasers                                   |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                               | -                                                                   |              |              |
| (Chec                                                                                                    | k "All Sta                              | tes" or chec                                   | k individual                    | States)                                       |                              | t <u>हुं</u> *<br>धार्म                    |                                                                                                                                                                                                                                 | ري در مور<br>مدر مدر چاروه سه وي<br>اس و او در دروه سه وي                                                                                                                                                                        |                               |                                                                     |              | All States   |
| [AL]                                                                                                     | (AK)                                    | [AZ]                                           | [AR]                            | [CA]                                          | [CO]                         | [ÇT]                                       | [DE]                                                                                                                                                                                                                            | [DC]<br>[MA]                                                                                                                                                                                                                     | [FL]                          | [GA]                                                                | [HI]         | [ID]         |
| [IL]<br>[MT]                                                                                             | [IN]<br>[NE]                            | [IA]                                           | (KS)                            | [КҮ]<br>[NЛ]                                  | [LA]<br>[NM]                 | [ME]                                       | [MD]<br>. [NC]                                                                                                                                                                                                                  | [MA] '                                                                                                                                                                                                                           | [MI]<br>[OH]                  | [MN]<br>[OK]                                                        | [MS]<br>[OR] | [MO]<br>[PA] |
| [RI]                                                                                                     | [SC]                                    | [NV]<br>[SD]                                   | [NH]<br>_[TN]                   | [TX]                                          | [UT]                         | [VT]<br>[VT]                               | [VA]                                                                                                                                                                                                                            | :[ND]<br>: [WA]                                                                                                                                                                                                                  | [WV]                          | [WI]                                                                | [WY]         | [PR]         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CEEDS                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, the check this box and indicate in the columns below the amount of the securities offered for exchange and already exchanged.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |
| Aggrega                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | te Amount Already                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
| Type of Security  Debt Offering P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$0                                                                                                        |
| Equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$ <u>6,000,000</u>                                                                                        |
| ☐ Common ☑ Preferred  Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |
| Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$0                                                                                                        |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>                                                                                                   |
| Other (Class B Membership Interests in Issuer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | so                                                                                                         |
| Other (Class B Membership Interests in Issuer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ <u>6,000,000</u>                                                                                        |
| Answer also in Appendix Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |
| Enter the number of accredited and non-accredited investors who have purchased securities in this N1 offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |
| Accredited Investors2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ 6,000,000                                                                                               |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _                                                                                                          |
| Non-accredited investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ <u> </u>                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
| Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Not Applicable                                                                                             |
| Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Not Applicable                                                                                             |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ·                                                                                                          |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dollar Amount                                                                                              |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of Offering  Type of Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | f Dollar Amount                                                                                            |
| Answer also in Appendix, Column 4, if filling under ULOE.  3. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.  Type of Offering  Rule 505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dollar Amount                                                                                              |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of Offering  Rule 505  Regulation A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dollar Amount                                                                                              |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A.  Rule 505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | f Dollar Amount  Sold  S  S                                                                                |
| Answer also in Appendix, Column 4, if filling under ULOE.  3. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.  Type of Offering  Rule 505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | f Dollar Amount Y Sold \$                                                                                  |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question I.  Type of Offering  Rule 505  Regulation A.  Rule 505  Total.  Total.  Total.  Total.  Total is statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to figure continuous.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sold  S  S  S  S  S                                                                                        |
| Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question I.  Type of Offering  Rule 505  Regulation A  Rule 505  Total  Total | Dollar Amount Sold  S  S  S S S                                                                            |
| Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of Offering  Rule 505  Regulation A  Rule 505  Total  Total  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the le of the estimate.  Transfer Agent's Fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | f Dollar Amount y Sold \$ \$ \$ \$ \$ \$ \$                                                                |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C.  Question I.  Type of Offering  Rule 505  Regulation A.  Rule 505  Total  Total  A.  Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the le of the estimate.  Transfer Agent's Fees.  Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | f Dollar Amount y Sold  \$ \$ \$ \$ \$ \$ \$                                                               |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question I.  Type of Offering  Rule 505  Regulation A  Rule 505  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the le of the estimate.  Transfer Agent's Fees.  Printing and Engraving Costs  Legal Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sold  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S |
| Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of Offering Rule 505 Regulation A Rule 505 Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the le of the estimate.  Transfer Agent's Fees.  Printing and Engraving Costs Legal Fees Accounting Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sold  S  S  S  S  S  S  S  S  S  S  S  S  S  S  S                                                          |
| Answer also in Appendix, Column 4, if filling under ULOE.  3. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 505  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the le of the estimate.  Transfer Agent's Fees.  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | f Dollar Amount Sold  \$ \$ \$ \$ \$ \$ \$                                                                 |
| Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of Offering  Rule 505  Regulation A  Rule 505  Total  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the le of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | f Dollar Amount  Sold  \$ \$ \$ \$ \$ \$ \$                                                                |
| Answer also in Appendix, Column 4, if filling under ULOE.  3. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering  Rule 505  Regulation A  Rule 505  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the le of the estimate.  Transfer Agent's Fees.  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | f Dollar Amount  Sold  \$ \$ \$ \$ \$ \$ \$                                                                |

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| C. OFFERING PRICE, NUM                                                                                                                                                                                                                                                 | IBER OF INVESTORS, EXPENSES AND                                                         | USE OF PROC                                   | EEDS                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| b. Enter the difference between the aggregate offering I and total expenses furnished in response to Part C "adjusted gross proceeds to the issuer."                                                                                                                   | - Questions 4.a. This difference is the                                                 |                                               | \$5,901,438,68                 |
| <ol> <li>Indicate below the amount of the adjusted gross proceed<br/>for each of the purposes shown. If the amount for any p<br/>check the box to the left of the estimate. The total of the<br/>gross proceeds to the issuer set forth in response to Part</li> </ol> | surpose is not known, furnish an estimate and e payments listed must equal the adjusted |                                               |                                |
|                                                                                                                                                                                                                                                                        | 17.00 mg                                                                                | Payments to Officers, Directors, & Affiliates | Payments To<br>Others          |
| Salaries and fees                                                                                                                                                                                                                                                      | 🛛                                                                                       | \$ <u>393,393.45</u>                          | □ \$                           |
| Purchase of real estate                                                                                                                                                                                                                                                |                                                                                         |                                               | □ s                            |
| Purchase, rental or leasing and installation of machi                                                                                                                                                                                                                  | nery and equipment                                                                      | <u> </u>                                      | □ <b>\$</b>                    |
| Construction or leasing of plant buildings and facilit                                                                                                                                                                                                                 | ti <b>es</b>                                                                            | \$                                            | □ s                            |
| Acquisition of other businesses (including the value that may be used in exchange for the assets or secur merger)                                                                                                                                                      | of securities involved in this offering                                                 | ·<br>`\$                                      |                                |
| Repayment of indebtedness                                                                                                                                                                                                                                              |                                                                                         | \$                                            | □ \$                           |
| Working capital                                                                                                                                                                                                                                                        |                                                                                         | <u>s</u>                                      | <b>Ճ</b> \$ <u>62,214,37</u>   |
| Other (specify) Stock Redemption                                                                                                                                                                                                                                       |                                                                                         | \$                                            | <b>S</b> 4.695.830.86          |
|                                                                                                                                                                                                                                                                        | is some making and the                                                                  | \$                                            | ⊠ \$ <u>750.000.00</u><br>□ \$ |
|                                                                                                                                                                                                                                                                        | The state of the state of                                                               | <u> </u>                                      | □ \$                           |
| Column Totals                                                                                                                                                                                                                                                          |                                                                                         | \$ 393,393,45                                 | <b>S</b> \$5,508,045,23        |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                            | 14.0                                                                                    |                                               |                                |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                            |                                                                                         | <u> </u>                                      | <b>№ \$5,901,438.68</b>        |
|                                                                                                                                                                                                                                                                        | D. FEDERAL SIGNATURE                                                                    |                                               |                                |
| The issuer has duly caused this notice to be signed by the un<br>constitutes an undertaking by the issuer to furnish to the U.S<br>furnished by the issuer to any non-accredited investor pursu                                                                        | S. Securities and Exchange Commission, upon v                                           |                                               |                                |
| Issuer (Print or Type)<br>ProfitPoint, Inc.                                                                                                                                                                                                                            | Signature                                                                               |                                               | Date<br>March <u>(6</u> , 2007 |
| Name of Signer (Print or Type)                                                                                                                                                                                                                                         | Title of Signe (Print or Type 13)                                                       |                                               |                                |
| ames Battista                                                                                                                                                                                                                                                          | President and Treasurer                                                                 |                                               |                                |
|                                                                                                                                                                                                                                                                        |                                                                                         | -                                             |                                |
|                                                                                                                                                                                                                                                                        | ATTENTION -                                                                             | ·                                             | <u> </u>                       |
| Intentional misstatements or omission                                                                                                                                                                                                                                  | ons of fact constitute federal criminal viola                                           | tions. (See 18 U                              | S.C. 1001.)                    |

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